

# CLAIMING THE RIGHT TO CARE


SUBSTANCE USE  
FACTS, TOOLKIT & RESOURCES





# **WHY SUBSTANCE USE CARE MATTERS FOR BI+ PEOPLE**

Bi+ people experience higher rates of substance use challenges while facing greater barriers to seeking help. Stigma, biphobia, and provider ignorance compound risk, often discouraging bi+ people from accessing care until crisis points.





Claiming the right to care means being able to seek support **without shame, surveillance, or moral judgment.**



# WHAT AFFIRMING SUBSTANCE USE CARE LOOKS LIKE

- Treats bisexuality+ as a legitimate identity, not a contributing cause of substance use
- Understands minority stress, stigma, and erasure as context
- Avoids moral language about sex, identity, or lifestyle
- Separates substance use behaviors from identity
- Offers multiple pathways to support like harm reduction, outpatient therapy, medication-assisted treatment, peer support, and recovery programs, not a single model
- Respects self-defined goals, including moderation, safer use, or abstinence

**You are not required to fit into one recovery narrative.  
You are entitled to evidence-based care without shame.**



# FAST FACTS



A majority of physicians report having little to no knowledge of bi+ health concerns, including substance use.<sup>1</sup>

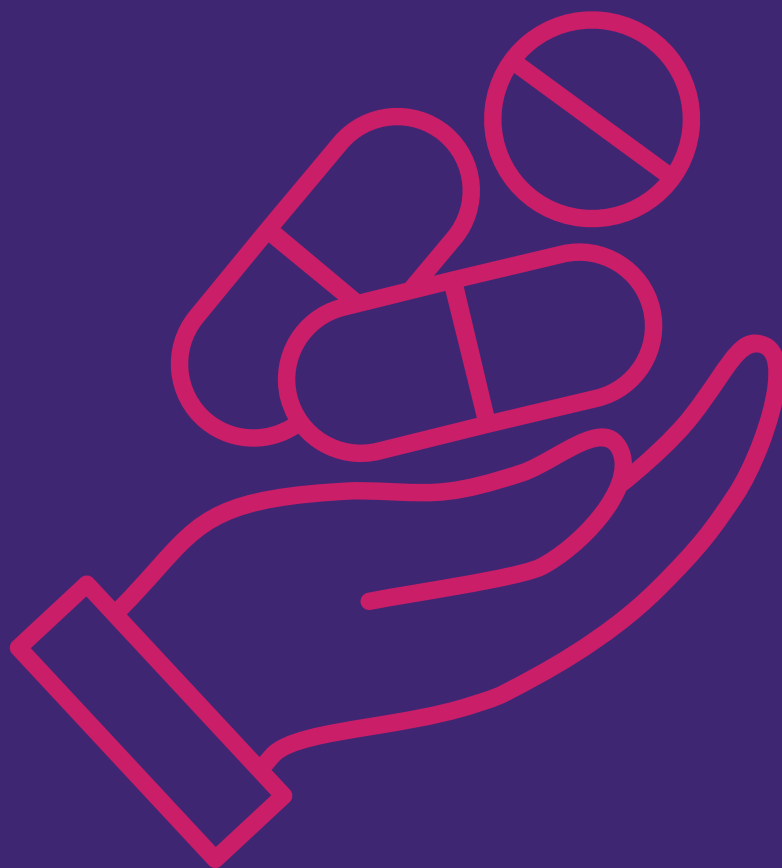


Individual experiences of biphobia directly increase the likelihood of substance use issues.<sup>1-2</sup>

1. McNair, R. A., Grant, R., An, T. L., Mooney-Somers, J., Pennay, A., Power, J., & Bourne, A. (2026). Agency and queer solidarity: Help-seeking for alcohol and nicotine issues among lesbian, bisexual and queer women and non-binary people. *Journal of Substance Use and Addiction Treatment*, 180, 209813. <https://doi.org/10.1016/j.josat.2025.209813>

2. Blumenau, H. S., Ernst, E., & Feinstein, B. A. (2024). Bi+ Men's Explanations for Substance Use Disparities in Their Community. *Journal of Bisexuality*, 24(4), 449–470. <https://doi.org/10.1080/15299716.2024.2370530>

# FAST FACTS



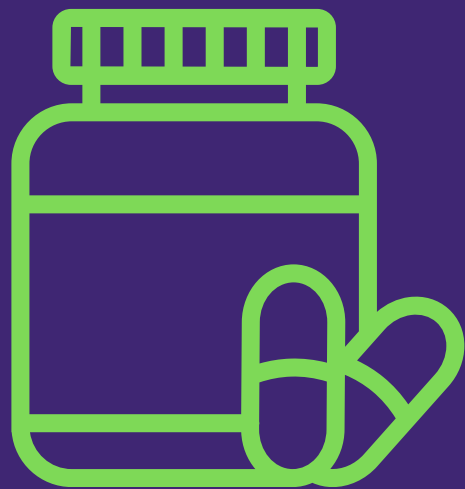
**Bi+ women experience higher rates** of substance use challenges than lesbian women.<sup>3</sup>

**Bi+ men experience higher rates** of substance use challenges than heterosexual men.<sup>4</sup>

3. Schuler, M. S., & Collins, R. L. (2020). Sexual minority substance use disparities: Bisexual women at elevated risk relative to other sexual minority groups. *Drug and alcohol dependence*, 206, 107755. <https://doi.org/10.1016/j.drugalcdep.2019.107755>

4. Ford, J. V., Pearlman, L. R., & Feinstein, B. A. (2023). Bisexuality and substance use. *Current Sexual Health Reports*, 15, 187–195. <https://doi.org/10.1007/s11930-023-00369-8>

# FAST FACTS




LBG women and non-binary people are much more likely to experience substance use issues, and less likely to seek help.<sup>5</sup>



More inclusive, LGBTQ+ oriented approaches are more effective in treating substance use disorders for bi+ people.<sup>5</sup>




# WHAT CLAIMING THE RIGHT TO CARE LOOKS LIKE

- Substance use care based on behaviors and health needs, not stereotypes about bisexuality+
  - Access to harm reduction, medication-assisted treatment, therapy, or recovery programs, not a single mandated pathway
  - Providers who ask open, non-judgmental questions about coping and use patterns
  - Care that understands minority stress and stigma as health factors
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# COMMON BARRIERS

**When seeking care for substance use disorder, many bi+ individuals deal with:**

- Cost, insurance limits, or lack of coverage for harm reduction or medication-assisted treatment
  - Stigma from providers who moralize substance use
  - Assumptions that bisexuality+ explains or caused substance use
  - Fear of being stereotyped as promiscuous, unstable, or “high risk”
  - Programs rooted in heteronormative or religious frameworks
  - Lack of bi+-specific or bi+-affirming peer spaces
  - Criminalization and legal consequences that discourage seeking help
  - Prior negative healthcare experiences that reduce trust
  - Limited access to culturally competent providers
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# TOOLS



**Ask about harm reduction options, not just abstinence-based models.**



**You can say: "I want support without judgment."**



**If fear of disclosure is a barrier, ask about confidentiality policies.**

**Support should be accessible before crisis, not after.**



# BEFORE STARTING CARE

## **Know your goal.**

Safer use? Moderation? Medication? Detox?  
Therapy? Peer support?

## **Know your history.**

What substances? How often? Changes in  
tolerance? Prior withdrawal or overdose?

## **Know your medical risk.**

Are you at risk for dangerous withdrawal?  
Mixing substances? Taking prescribed meds?

## **Know what approaches you want to consider.**

Harm reduction? Medication-assisted  
treatment? Outpatient therapy? Peer support?  
Residential care?



“What are the risks and benefits?”

“I’m here to talk about my substance use and my options.”

“Please separate my substance use from assumptions about my sexuality.”

“Can you explain how that recommendation helps?”

“I want to explore more than one treatment path.”

**LANGUAGE  
YOU CAN  
USE**



# PROVIDER GUIDANCE

- Do not treat bisexuality+ as a cause of substance use
- Avoid assuming promiscuity, instability, or “risk-taking” personality traits
- Understand minority stress, stigma, and isolation as health factors, not character flaws
- Offer multiple evidence-based pathways: harm reduction, medication-assisted treatment, outpatient therapy, peer support, residential care
- Avoid moral or shame-based language about coping
- Believe patients when they describe their use patterns and goals

**Clinical care shaped by stereotypes  
is not evidence-based care.**



# RESOURCES

**SAMHSA**

[samhsa.gov](http://samhsa.gov)

**Legal Action Center**

[lac.org/resource/addressing-discrimination-in-health-care-settings](http://lac.org/resource/addressing-discrimination-in-health-care-settings)

**Harm Reduction International**

[hri.global](http://hri.global)

**LGBT National Hotline**

[lgbthotline.org/national-hotline](http://lgbthotline.org/national-hotline)

**Partnership to End Addiction**

[drugfree.org/lgbtq-family-and-substance-use](http://drugfree.org/lgbtq-family-and-substance-use)

# RESOURCES

**National Harm Reduction Coalition**

[harmreduction.org](http://harmreduction.org)

**Never Use Alone Hotline**

[neverusealone.com](http://neverusealone.com)

**Rehabs.com\***

[rehabs.com](http://rehabs.com)

**Gay & Sober**

[gayandsober.org](http://gayandsober.org)

**Gays and Lesbians in AA**

[gal-aa.org](http://gal-aa.org)



**#BiHealthMonth**

